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L9090/269360

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COMMENTS

Applicant:
Title:

Kimbo Mundy et al.

A System for Aggregating Information from Enterprises
Offering Items for Exchange Over a Communication
Network

Serial No./Docket No.:

09/662,737

L9090/269360

Filed:

09/15/2000

PAPERS SUBMITTED:

1. PTO/SB/21 - Transmittal form;
2. PTO/SB/06 - Fee Determination Record (3 forms);
3. Response in application to non-final Office Action Mailed 09/14/2005

Date: October 5, 2005

By: Brenda O. Holmes, Reg. No. 40,339

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

Application Number	09/662,737
Filing Date	09/15/2000
First Named Inventor	Kimbo Mundy et al.
Art Unit	3624
Examiner Name	Ella Colbert
Attorney Docket Number	BDE-001CN (L9090/269360)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p>PTO/SB/06 - Fee Determination Record</p>
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	KILPATRICK STOCKTON LLP		
Signature	<i>Brenda O. Holmes</i>		
Printed name	Brenda O. Holmes		
Date	10.05.2005	Reg. No.	40,339

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO's Centralized Facsimile Number (571) 273.8300 on the date shown below.

Signature	<i>Janie A. Wilkins</i>		
Typed or printed name	Janie Wilkins	Date	10/5/05

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